

1. Methods

Several guidelines have recommended PEG placement, but there is no specific recommendation regarding the timing of PEG placement. Timing of PEG tube placement should be based on the physician's clinical judgment. However, the timing requires consideration of a variety of factors. For example, gastrostomy tubes should be placed before respiratory insufficiency develops for ALS patients and it is too late after the episodes of pneumonia. Isn't it difficult to treat such rapid progressive diseases in the same way as other chronic progressive ones?

EFNS Task Force on Diagnosis and Management of Amyotrophic Lateral Sclerosis. EFNS Guidelines on the Clinical Management of Amyotrophic Lateral Sclerosis (MALS)--revised Report of an EFNS Task Force. *Eur J Neurol.* 2012; 19: 360-375.

Please show the duration from symptom onset of each disease, activity of daily living (ADL), and change of nutrition status between before and after the PEG insertion. These are also thought to be factors associated with pneumonia incidence. Regarding stroke, whether the patient is in the acute phase or chronic phase may affect the prognosis.

Please mention whether the patients had opportunities to take orally after the PEG insertion or not.

2. Results

I am interested to know whether there is a difference in the results between the neurologic diseases. Not only the duration from symptom onset but also the underlying neurologic disease of dysphagia may be a factor associated with pneumonia incidence.

3. Discussion

Please add the discussion about the influence of the duration from symptom onset, ADL, nutrition status, and the underlying neurologic disease of dysphagia on pneumonia incidence.

Although PEG might reduce pneumonia incidence, the death rate of 66.7% seems to be too high. Please mention about the death rate of 66.7%.